

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			1-30-01
O.I.P.E. CLASSIFIER		47	12/15/01
FORMALITY REVIEW	MM	920	12-11-01
RESPONSE FORMALITY REVIEW	828	1091	2/19/02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	1-29-03
2	✓	✓	1-29-03
3	✓	✓	1-29-03
4	✓	✓	1-29-03
5	✓	✓	1-29-03
6	✓	✓	1-29-03
7	✓	✓	1-29-03
8	✓	✓	1-29-03
9	✓	✓	1-29-03
10	✓	✓	1-29-03
11	✓	✓	1-29-03
12	✓	✓	1-29-03
13	✓	✓	1-29-03
14	✓	✓	1-29-03
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31	✓	✓	1-29-03
32	✓	✓	1-29-03
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48	✓	✓	1-29-03
49	✓	✓	1-29-03
50	✓	✓	1-29-03

Claim	Final	Original	Date
51	✓	✓	1-29-03
52	✓	✓	1-29-03
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97	✓	✓	1-29-03
98	✓	✓	1-29-03
99	✓	✓	1-29-03
100	✓	✓	1-29-03

Claim	Final	Original	Date
101	✓	✓	1-29-03
102	✓	✓	1-29-03
103	✓	✓	1-29-03
104	✓	✓	1-29-03
105	✓	✓	1-29-03
106	✓	✓	1-29-03
107	✓	✓	1-29-03
108	✓	✓	1-29-03
109	✓	✓	1-29-03
110	✓	✓	1-29-03
111	✓	✓	1-29-03
112	✓	✓	1-29-03
113	✓	✓	1-29-03
114	✓	✓	1-29-03
115	✓	✓	1-29-03
116	✓	✓	1-29-03
117	✓	✓	1-29-03
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144	✓	✓	1-29-03
145	✓	✓	1-29-03
146	✓	✓	1-29-03
147	✓	✓	1-29-03
148	✓	✓	1-29-03
149	✓	✓	1-29-03
150	✓	✓	1-29-03

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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